ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

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WS-03953A
Bachmann Springs Utility Company (Sewel)
P. O. Box 9
Tombstone AZ 85638

ANNUAL REPORT

FOR YEAR ENDING

12 31 2004

RECEIVED

APR 1 8 2005

AZ Corporation Commission Director Of Utilities

FOR COMMISSION USE
ANN05 04

COMPANY INFORMATION

Company Name (Business Name	Bachmann Springs Utility	y Company
Mailing Address P.O. Box 9		
(Street) Tombstone	AZ	85638
(City)	(State)	(Zip)
(520)457-3100	(520)457-3004	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
Email Address		
Local Office Mailing Address6	01 N. Freemont Street	
Tombstone	(Street) A Z	85638
(City)	(State)	(Zip)
(520) 457-3100	(520)457-3004	
Local Office Telephone No. (Include Area Code)) Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
Email Address		

MANAGEMENT INFORMATION

Management Contact:	J. Jay Boland	Preside	nt / CEO
	(Name)	•	(Title)
P.O. Box 9	Tombstone	AZ	85638
(Street)	(City)	(State)	(Zip)
(520)457-3100	(520)457-3004		
Telephone No. (Include Area Code)) Fax No. (Include Area Code)	Pager/Cell No.	(Include Area Code)
On Site Manager: Do	n Lundbom (Name)		
On Site Manager: Do P.O. Box 9	(Name) Tombstone	AZ	85638
JI 5110 11200 B - 1	(Name)	AZ (State)	85638 (Zip)
P.O. Box 9	(Name) Tombstone (City)	(State)	
P.O. Box 9 (Street)	(Name) Tombstone (City) (520)457-300	(State)	

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: Richard L. Sallquist					
(Name)					
2525 E. Arizona Biltmor	The state of the s	AZ 85016			
(Street)	(City)	(State) (Zip)			
(602) 224-9222	(602)224-9366	Pager/Cell No. (Include Area Code)			
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No. (Include Area Code)			
Attorney: Richard L. Sal					
2525 E. Arizona Biltmor	(Name)	AZ 85016			
(Street)	(City)	(State) (Zip)			
(602) 224-9222	(602)224-9366				
Telephone No. (Include Area Code)		Pager/Cell No. (Include Area Code)			
Please mark this box if the above addre	ss(es) have changed or are unda	ted since the last filing.			
	RSHIP INFORMATION	teu since the last image			
Check the following box that applies to your	company:				
Sole Proprietor (S)	X C Corporation (C) (Ot	her than Association/Co-op)			
Partnership (P)	Subchapter S Corpora	tion (Z)			
Bankruptcy (B)	Association/Co-op (A)				
Receivership (R)	Limited Liability Com	pany			
Other (Describe)					
<u>C</u>	DUNTIES SERVED				
Check the box below for the county/ies in wh	ich you are certificated to provide	service:			
П АРАСНЕ	X COCHISE				
☐ GILA	☐ GRAHAM	☐ GREENLEE			
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE			
□ NAVAJO	☐ PIMA	☐ PINAL			
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA			
☐ STATEWIDE					

UTILITY PLANT IN SERVICE Pre-Development

Acct. No.	DECRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS		-0-7	

This amount goes on the Balance Sheet Acct. No. 108 ———

CALCULATION OF DEPRECIATION EXPENSE Pre-Development

Acct.		Original	Depreciation	Depreciation
No.	DESCRIPTION	Cost (1)	Percentage (2)	Expense (1x2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS			-0-

This amount goes on the Comparative Statement of Income and Expense Acct. 403 ___

BALANCE SHEET Pre-Development

Acct		BALANCE AT BEGINNING OF	BALANCE AT END OF
No.	ASSETS	TEST YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
132	Special Deposits		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
!	TOTAL CURRENT AND ACCRUED ASSETS		
		\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$ -0-	\$ -0-

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
No.			
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
227	Long Torm Notes and Bonds	Ψ	V
	DEFERRED CREDITS		
252	Advances in Aid of Construction	\$	\$
253	Other Deferred Credits		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Other Paid in Capital		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ -0-	\$ -0-

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
No.			
521	Flat Rate Revenues	\$	\$
522	Measured Revenues		
536	Other Wastewater Revenues		
	TOTAL REVENUES	\$ -0-	\$ -0-
	OPERATING EXPENSES		
701	Salaries and Wages	\$	\$
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense		
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies		
731	Contractual Services - Professional		
735	Contractual Services – Testing		
736	Contractual Services - Other		
740	Rents		
750	Transportation Expense		
755	Insurance Expense		
765	Regulatory Commission Expense		
775	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Taxes		
	TOTAL OPERATING EXPENSES	\$ -0-	\$ -0-
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXPENSE	\$ -0-	\$ -0-
	NET INCOME/(LOSS)	\$ -0-	\$ -0-
			0

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2		1	LOAN #3	LOAN#	4
Date Issued							
Source of Loan	 						
ACC Decision No.							
Reason for Loan							
Dollar Amount Issued	\$ 	\$ 		\$		\$	
Amount Outstanding	\$ 	\$ 		\$		\$ 	
Date of Maturity	 		_				
Interest Rate	%		%		%		%
Current Year Interest	\$	\$		\$		\$	
Current Year Principle	\$ -0-	\$ -0-		\$	-0-	\$ -0-	

WASTEWATER COMPANY PLANT DESCRIPTION

TREATMENT FACILITY None

TYPE OF TREATMENT (Extended Aeration, Step Ae Ditch, Aerobic Lagoon, Anac	ration, Oxidation			
Trickling Filter, Septic Tank,	Wetland, Etc.)			
DESIGN CAPACITY OF I (Gallons Per Day)	PLANT			
(Canoni 1 41 2 4))	LIFT STATION	FACILITIES	None	
Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
		10.7001/20.0		
	FORCE N	MAINS	None	
Size	Materia	al	Le	ngth (Feet)
4-inch				
6-inch				
	MANHOLES None		CLI	EANOUTS
Type	Quantity			Quantity
1 3 pc				
Standard				

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

None

SERVICES

None

Size (in inches)	Material	Length (in feet)
4		
6		
8		
10		
12		
15		
18		
21		
24		
30		

Size (in inches)	Material	Quantity
4		
6		
8		
12		
15		
		-

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY

SOLIDS PROCESSING AND HANDLING FACILITIES	None
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	None
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	None
STRUCTURES (Buildings, Fences, Etc.)	None
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	None

WASTEWATER FLOWS None

NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY		
	1) I		

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	None
Wastewater Inventory Number (all wastewater systems are assigned an inventory number)	
Groundwater Permit Number	
ADEQ Aquifer Protection Permit Number	
ADEQ Reuse Permit Number	
EPA NPDES Permit Number	

STATISTICAL INFORMATION

Total number of customers	-0-	
Total number of gallons treated	-0-	gallons

INCOME TAXES

For this reporting period, provide the following	:
Federal Taxable Income Reported	
Estimated or Actual Federal Tax Liability	-0- -0-
State Taxable Income Reported	
Estimated or Actual State Tax Liability	
Amount of Grossed-Up Contributions/Advances	s:
Amount of Contributions/Advances	
Amount of Gross-Up Tax Collected	
Total Grossed-Up Contributions/Advances	-0-
the amount of refund due to each Payer, and th to the Payer. CERTIFICATION	e date the Utility expects to make or has made the refund
in the prior year's annual report. This certific	y has refunded to Payers all gross-up tax refunds reported cation is to be signed by the President or Chief Executive al partner, if a partnership; the managing member, if a if a sole proprietorship.
SIGNATURE	<u>4/13/05</u> DATE
Don Lundbom PRINTED NAME	Ch e f Financial Officer

COMPANY NAME Bachmann Springs Utility Company YEAR ENDING 12/31/2004					
PROPERTY TAXES					
Amount of actual property taxes paid during Calendar Year 2004 was: \$					
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.					
If no property taxes paid, explain why. No Property					
15					

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

RECEIVED

VERIFICATION

INTRASTATE REVENUES ONLY

APR 1 8 2005

VERIFICATION	INTRASTATE	(EVENUES ONL)	AZ Corporation Commission
STATE OF Arizona	COUNTY OF (COUNTY NAME) COChise		Director Of Utilities
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) DON LUNDOM		mus Chief Financial Officer
OF THE	COMPANY NAME Bachmann Spring	s Utility (
DO SAY THAT THIS ANNUA	L UTILITY REPORT 1	O THE ARIZON	NA CORPORATION COMMISSION
FOR THE YEAR ENDING	MONTH DAY 12 31	YEAR 2004	
THE SAME, AND STATEMENT OF COVERED BY THI SET FORTH, TO THE SWORN STATEMENT IN ACCORDANCE 401.01, ARIZONA DOPERATING REV	DECLARE THE S BUSINESS AND AF S REPORT IN RESPE HE BEST OF MY KNO WITH THE REQUIR REVISED STATUTES ENUE OF SAID UTI LIONS RECEIVED	AME TO BE FAIRS OF SA CT TO EACH OWLEDGE, INI EMENTS OF T I, IT IS HERE LITY DERIVE	I HAVE CAREFULLY EXAMINED A COMPLETE AND CORRECT AID UTILITY FOR THE PERIOD AND EVERY MATTER AND THING FORMATION AND BELIEF. TITLE 40, ARTICLE 8, SECTION 40 IN REPORTED THAT THE GROSS ED FROM ARIZONA INTRASTATION DENTIAL CUSTOMERS DURING
ARIZONA INTRASTATE GROSS -0- \$	OPERATING REVENUES	INCLUDES	DUNT IN BOX AT LEFT S \$0_ TAXES BILLED, OR COLLECTED
*RESIDENTIAL REVENU MUST INCLUDE SALES		x	SIGNATURE OF OWNER OR OFFICIAL 520) 457-3100 TELEPHONE NUMBER
SUBSCRIBED	AND SWORN TO BEFOR	RE ME	NOTARY PUBLIC NAME AMANDA. L. CLARK
A NOTARY PU	BLIC IN AND FOR THE	COUNTY OF	COUNTY NAME COCHISE

DAY OF

AMANDA L. CLARK

Notary Public - Arizona
L) Cochise County
My Commission Expires

,20 05

VERIFICATION AND

RECEIVED

SWORN STATEMENT

	Intrastate Revenues Only			APK	1 8 2000
VERIFICATION	COUNTY OF (COUNTY	NAME)		Z Corporati	on Commission
STATE OF Arizona	county of (county Cochise			Director	Of Utilities
I, THE UNDERSIGNED	NAME (OWNER OR OF DON Lundbon		Financial	Officer	
	COMPANY NAME Bachmann Spr	ings Utilit	v Company		
OF THE					ł
DO SAY THAT THIS ANNUAL	UTILITY REPOR	<u> TO THE ARIZ</u>	ZONA CORPO	RATION CO	<u>MMISSION</u>
FOR THE YEAR ENDING	MONTH 12	DAY 31	year 2004		
HAS BEEN PREPAI PAPERS AND RECO THE SAME, AND STATEMENT OF B COVERED BY THIS SET FORTH, TO THE	RDS OF SAID UDECLARE THE USINESS AND REPORT IN RES	UTILITY; THA SAME TO AFFAIRS OF PECT TO EAC	AT I HAVE BE A COM SAID UTII CH AND EVE	CAREFULI IPLETE A LITY FOR RY MATTE	TY EXAMINED ND CORRECT THE PERIOD ER AND THING
IN ACCORDANCE V 401, ARIZONA REV OPERATING REVEN UTILITY OPERATIO	ISED STATUTE NUE OF SAID U	S, IT IS HER TILITY DER	REIN REPOR IVED FROM	RTED THAT	T THE GROSS
		Arizona Intrastat	e Gross Operating	Revenues Only	(\$)
		\$	-0-		
		(THE AMOUN INCLUDES \$_ IN SALES TA	-0		ECTED)
**REVENUE REPORTED ON THIS F INCLUDE SALES TAXES BILLED COLLECTED. IF FOR ANY OTHE THE REVENUE REPORTED ABOV AGREE WITH TOTAL OPERATIN ELSEWHERE REPORTED, ATTAC STATEMENTS THAT RECONCIL	OR R REASON, VE DOES NOT IG REVENUES CH THOSE	SIGNATURE OF OWNER O	R OFFICIAL		
DIFFERENCE. (EXPLAIN IN DETA	AIL)	(520) 457	-3100		
SUBSCRIBED AND SWORN TO B	EFORE ME	TELEPHONE NUMBER			
A NOTARY PUBLIC IN AND FOR	THE COUNTY OF	COUNTY NAME			
THIS	DAY OF	MONTH	, 20_		
(SEAL)		SIGNATI	URE OF NOTARY PUBLIC	2	
MY COMMISSION EXPIRES		_			

FINANCIAL INFORMATION

Attach to this annual report a copy of the companies' year-end (Calendar Year 2004) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.